

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (2)	Incident Title: Assault on Agent (Drag by Vehicle)	Orig. SIR No.: (b) (2)	Event No.: (b) (2)
Office: Office of Border Patrol	Owning Organization: Rio Grande Valley Sector/McAllen Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 20:25 Sunday 10/2/2011	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (7)(E)	City: La Joya	State: TX	County: Hidalgo
ZIP Code: 78560	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Rural, Sparsely Populated, Residential, Outdoors			
Illumination: -----			
If Natural Illumination: Dusk	If Artificial Illumination: Not Applicable, Weak moonlight, Subject silhouetted		
Environmental Conditions: Dry, Calm			Estimated Ambient Temperature (°F): 89

Additional Comments (relevant to the incident information page):

On October 2, 2011, at approximately 2000 hrs., BPA (b) (6), (b) (7)(C) responded to (b) (7)(E) in the La Joya, TX area of operation. BPA (b) (6), (b) (7)(C) positioned himself north of the intersection of (b) (7)(E) (b) (7)(E). At approximately 2025 hrs, BPA (b) (6), (b) (7)(C) observed a white sedan approach the area and park at the aforementioned intersection. BPA (b) (6), (b) (7)(C) observed multiple subjects running from the brush towards the white sedan. (b) (6), (b) (7)(C) approached the vehicle on foot and attempted to detain the driver. As BPA (b) (6), (b) (7)(C) attempted to open the passenger door and disengage the ignition, the driver immediately accelerated and dragged BPA (b) (6), (b) (7)(C) for a short distance. Due to the fact that BPA (b) (6), (b) (7)(C) feared for his life from being dragged alongside the vehicle, he fired one shot at the driver from his service issued firearm at approximately 2030 hrs. BPA (b) (6), (b) (7)(C) immediately provided a description of the vehicle and direction of travel. BPA (b) (6), (b) (7)(C) was able to observe multiple subjects enter the vehicle and abscond in the suspect vehicle. BPA (b) (6), (b) (7)(C) did not sustain any injuries and declined medical attention.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: SENIOR PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/McAllen Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 18 State: 8 Local: 8	Wearing Body Armor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: Agent was on his left side by vehicle knocking him down and dragging him for 5 yards. Agent declined medical attention.
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 09/01/2011		Qualification Score: 313
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Pistol	Round Type (if Shotgun): Other		Rounds Fired: 1
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Side Towards		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: Below Eye Level	Aiming Method: Sight Aim		
Firing Mode: Semi-automatic	Estimated Distance (Express in Yards): Minimum: 1 Maximum: 2		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: none			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:	
Device:	Device Type:
Description:	
Intermediate Device Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Weapon Grip:
Target Elevation:	Aiming Method:
Firing Mode:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Time Needed for Decontamination (<i>Express in Minutes</i>): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

Other Force Information:	
Device Type:	Description:
Comments:	
Other Force Deployment Information:	
Posture:	Posture Orientation:
Cover Usage:	Estimated Distance (<i>Express in Yards</i>): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged	
Comments Concerning Collateral Damage:	

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (<i>in addition to Basic Academy</i>) Assisted the Involved Officer/Agent: <div style="background-color: black; color: black;">(b) (7)(E)</div>
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): UNKNOWN, UNKNOWN, UNKNOWN		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Vehicle				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: No additional shots fired to prevent collateral damage.	
Did Weapon or Device Function Properly / Perform As Expected?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (2)	(b) (2)	(b) (6), (b) (7)(C)
